

AFFILIATE NAME: .....

AFFILIATE SECRETARY'S NAME:.....

MEMBERSHIP NUMBER:.....

POSTAL ADDRESS:.....

STATE:..... POST CODE:.....

PHONE:..... ORDER DATE: .....

EMAIL:.....

PLACINGS	QTY	PRICE	TOTAL
1 <sup>ST</sup> - Blue		\$1.30 - each	
2 <sup>nd</sup> - Red		\$1.30 - each	
3 <sup>rd</sup> - Yellow		\$1.30 - each	
4 <sup>th</sup> - White		\$1.30 - each	
5 <sup>th</sup> - Pink		\$1.30 - each	
6 <sup>th</sup> - Green		\$1.30 - each	
Champion		\$8.50 - each	
Reserve		\$8.50 - each	
		TOTAL	\$

**DIRECT DEPOSIT:** WESTPAC BSB: 032 621 Account: 119369 Reference: AQHA M/Ship #

**CHEQUE:** to be made payable to AQHA and posted to PO Box 979, Tamworth 2340

**CREDIT CARD** Mastercard/Visa only

Name on Credit Card: ..... Amount: \$.....

Card No:...../...../...../..... Expiry Date: ...../.....

I hereby authorise the AQHA to deduct the above amount plus applicable surcharge and freight from my credit card

Signature of Card Holder: ..... Date: .....

**Email completed form to: [shows@aqha.com.au](mailto:shows@aqha.com.au)**